



## TEXAS DEPARTMENT OF INSURANCE

### Division of Workers' Compensation - Medical Fee Dispute Resolution (MS-48)

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## MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

### GENERAL INFORMATION

**Requestor Name**

Daniel O. Thompson, III, MD

**Respondent Name**

Texas Mutual Insurance Company

**MFDR Tracking Number**

M4-15-2387-01

**Carrier's Austin Representative**

Box Number 54

**MFDR Date Received**

April 2, 2015

### REQUESTOR'S POSITION SUMMARY

**Requestor's Position Summary:** "...the insurance carrier has refused to pay me for a designated doctor examination that was ordered and scheduled by the Division of Workers' Compensation. Texas Mutual Insurance Company denied our bill 'in accordance with DWC rules and/or medical fee guideline including current CPT code descriptions/instructions.'

I have used CPT code 99456-WP for date of service 07/14/2014. This is in accordance with 28 Texas Administrative Code 134.204."

**Amount in Dispute:** \$500.00

### RESPONDENT'S POSITION SUMMARY

**Respondent's Position Summary:** "The following is the carrier's statement with respect to this dispute of 7/14/14. The requestor as designated doctor failed to sign the doctor's certification in box 18 of the DWC69. For this reason Texas Mutual declined to issue payment for code 99456-W5/WP."

**Response Submitted by:** Texas Mutual Insurance Company

### SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
July 14, 2014	Designated Doctor Examination (MMI/IR/EOI)	\$500.00	\$500.00

### FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and applicable rules of the Texas Department of Insurance, Division of Workers' Compensation.

**Background**

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §134.204 sets out the fee guidelines for billing and reimbursing Designated Doctor Examinations.

3. The insurance carrier reduced payment for the disputed services with the following claim adjustment codes:
  - CAC-P12 – Workers’ Compensation Jurisdictional Fee Schedule Adjustment.
  - 892 – Denied in accordance with DWC Rules and/or Medical Fee Guideline including current CPT Code descriptions/instructions.
  - CAC-193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.
  - 724 – No additional payment after a reconsideration of services.

### **Issues**

1. Are the insurance carrier’s reasons for denial or reduction of payment supported?
2. What is the Maximum Allowable Reimbursement (MAR) for the disputed services?
3. Is the requestor entitled to additional reimbursement?

### **Findings**

1. The insurance carrier denied disputed services with claim adjustment reason code 892 – “Denied in accordance with DWC Rules and/or Medical Fee Guideline including current CPT Code descriptions/instructions.” 28 Texas Administrative Code §134.204 (i)(1) requires that “Designated Doctors shall perform examinations in accordance with Labor Code §§408.004, 408.0041 and 408.151 and Division rules, and shall be billed and reimbursed as follows: (A) Impairment caused by the compensable injury shall be billed and reimbursed in accordance with subsection (j) of this section, and the use of the additional modifier ‘W5’ is the first modifier to be applied when performed by a designated doctor; (B) Attainment of maximum medical improvement shall be billed and reimbursed in accordance with subsection (j) of this section, and the use of the additional modifier ‘W5’ is the first modifier to be applied when performed by a designated doctor.” Review of the submitted documentation finds that the requestor performed an examination to determine Maximum Medical Improvement (MMI) and Impairment Rating (IR) and included the modifier W5 as the first modifier.

Further, 28 Texas Administrative Code §134.204 (j)(1) states, “The total MAR for an MMI/IR examination shall be equal to the MMI evaluation reimbursement plus the reimbursement for the body area(s) evaluated for the assignment of an IR. The MMI/IR examination shall include: (A) the examination; (B) consultation with the injured employee; review of the records and films; (C) review of the records and films; (D) the preparation and submission of reports (including the narrative report, and responding to the need for further clarification, explanation, or reconsideration), calculation tables, figures, and worksheets; and, (E) tests used to assign the IR, as outlined in the AMA Guides to the Evaluation of Permanent Impairment (AMA Guides), as stated in the Act and Division rules in Chapter 130 of this title (relating to Impairment and Supplemental Income Benefits).” Review of the submitted documentation finds that all of these elements were present. In their position summary, the insurance carrier stated, “The requestor as designated doctor failed to sign the doctor’s certification in box 18 of the DWC69.” However, review of the submitted DWC069 finds that the requestor did sign this document in box 18.

Further, 28 Texas Administrative Code §134.204 (j)(3) states, in relevant part, “The following applies for billing and reimbursement of an MMI evaluation. (A) An examining doctor, other than the treating doctor, shall bill using CPT Code 99456.” Review of the submitted documentation finds that, as the designated doctor, the requestor cannot be the treating doctor. Therefore the use of CPT Code 99456 was appropriate.

Further, 28 Texas Administrative Code §134.204 (j)(4) states, in relevant part, “The following applies for billing and reimbursement of an IR evaluation. The HCP shall include billing components of the IR evaluation with the applicable MMI evaluation CPT code. The number of body areas rated shall be indicated in the units column of the billing form. (C)(iii) If the examining doctor performs the MMI examination and the IR testing of the musculoskeletal body area(s), the examining doctor shall bill using the appropriate MMI CPT code with modifier ‘WP...’” Review of the submitted documentation finds that the requestor billed for one unit and used the modifier ‘WP,’ which was supported by documentation.

The Division finds that the insurance carrier’s denial reason is not supported. The disputed services will therefore be reviewed per applicable Division rules and fee guidelines.

2. Per 28 Texas Administrative Code §134.204 (j)(3), "The following applies for billing and reimbursement of an MMI evaluation. (C) An examining doctor, other than the treating doctor, shall bill using CPT Code 99456. Reimbursement shall be \$350." The submitted documentation indicates that the Designated Doctor performed an evaluation of Maximum Medical Improvement as ordered by the Division. Therefore, the correct MAR for this examination is \$350.00.

Per 28 Texas Administrative Code §134.204 (j)(4), "The following applies for billing and reimbursement of an IR evaluation. (C)(ii) The MAR for musculoskeletal body areas shall be as follows. (I) \$150 for each body area if the Diagnosis Related Estimates (DRE) method found in the AMA Guides 4th edition is used." The submitted documentation indicates that the Designated Doctor performed an evaluation to determine the impairment rating of the right knee using the DRE method found in the AMA Guides 4th edition. Therefore, the correct MAR for this examination is \$150.00.

Per 28 Texas Administrative Code §134.204 (k), "The following shall apply to Return to Work (RTW) and/or Evaluation of Medical Care (EMC) Examinations. When conducting a Division or insurance carrier requested RTW/EMC examination, the examining doctor shall bill and be reimbursed using CPT Code 99456 with modifier 'RE.' In either instance of whether MMI/IR is performed or not, the reimbursement shall be \$500 in accordance with subsection (i) of this section and shall include Division-required reports. Testing that is required shall be billed using the appropriate CPT codes and reimbursed in addition to the examination fee." The submitted documentation indicates that the Designated Doctor performed an examination to determine Extent of Injury. Therefore, the correct MAR for this examination is \$500.00.

3. The total allowable for the disputed services is \$1000.00. The insurance carrier paid \$500.00. Therefore, an additional reimbursement of \$500.00 is recommended.

### **Conclusion**

For the reasons stated above, the Division finds that the requestor has established that additional reimbursement is due. As a result, the amount ordered is \$500.00.

### ***ORDER***

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code Sections 413.031 and 413.019 (if applicable), the Division has determined that the requestor is entitled to additional reimbursement for the services involved in this dispute. The Division hereby ORDERS the respondent to remit to the requestor the amount of \$500.00 plus applicable accrued interest per 28 Texas Administrative Code §134.130, due within 30 days of receipt of this Order.

### **Authorized Signature**

_____ Signature	Laurie Garnes Medical Fee Dispute Resolution Officer	May 27, 2015 Date
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### ***YOUR RIGHT TO APPEAL***

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307, 37 *Texas Register* 3833, applicable to disputes filed on or after June 1, 2012.

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MFDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

**Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.**